

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>W.A</i>		<i>10/01/01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>48</i>	<i>10/11/01</i>
<b>FORMALITY REVIEW</b>	<i>W.O</i>	<i>205</i>	<i>10/20/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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(LEFT INSIDE)

 J.W.  
 10/25/01

**Best Available Copy**